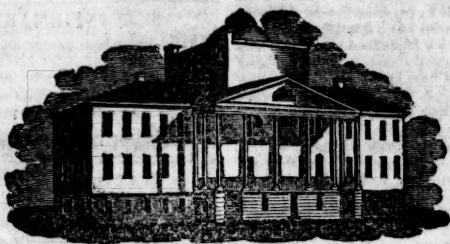


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I.

From the London Lancet.

Dr. Blundell on the Operation of Turning.

Concluded from page 344.

FURTHER, before you proceed to the operation of turning in cases of this kind, you should prepare the passages for the introduction of the hand by relieving them from the inflammation and irritability. Sixteen or twenty ounces of blood, on an average, you may take away in this view. From 80 to 100 drops of the tincture of opium—for we give the larger doses in those cases—may also be administered with advantage; and with the decoction of poppies or warm water, (the decoction of poppies being preferable, however,) the softer parts may be soothed; after which you often find that the parts sustain the passage of the hand, though previously they could not bear a touch. Before you engage in manual

measures, take means for the relaxation of the womb, its mouth and body; for from the constriction of these, the principal difficulty is to be expected. For relaxing the genitals, the tobacco clyster would, I have no doubt, be found of all remedies the most effectual; and much it is to be regretted, that its effects are so dangerous. Of all relaxants the most powerful—it is of all relaxants the most perilous; and although I can readily conceive certain anomalous cases in which its use might be justifiable, yet in the present condition of my information, I have not courage to recommend it to your employment, even in those higher difficulties now under consideration. In parerperal hospitals the warm bath might, I conceive, be used with advantage, the patient being kept there till deliquium approaches. From the excitement of the bath, a flooding might by some perhaps be apprehended; but a previous venesection would diminish the

risk of this ; or, should an eruption occur, it would prove rather beneficial than otherwise. A very effectual relaxant is the abstraction of blood from the arm, say to the amount of 20 or 30 ounces ; or rather, in such quantity as may give rise to deliquium. That the relaxant has great power, is sufficiently shown by what takes place in placenta cases ; for in those cases where three or four pints of blood have been lost, the hand may in general be carried up with perfect ease, the uterus, passive and unresisting, giving way before our pressure. In a dozen cases or more I have had occasion to operate myself, and never do I recollect to have met with any considerable resistance to the entrance of the uterus. It is much to be regretted that large bleeding, or ad deliquium, is a very rough remedy, nor perhaps wholly without its dangers ; one, therefore, which becomes justifiable only when the emergency is pressing.

Though the womb is an involuntary muscle, there seems to be no doubt that it may at length relax in consequence of becoming *weary*, so that, in the morning of the day, you are unable to introduce the hand ; while, in the evening, perhaps, it enters the uterine cavity with facility. Although, therefore, the first effect of delay is an increase of the difficulties of the operation, the ultimate consequence may be a facilitation of it, so that it really seems better either not to procrastinate at all before you turn, or else to procrastinate as long as may be. The risk of spontaneous uterine disruption, and the protracted pains and anxieties which are the results of this delay, con-

stitute the principal objections to it as a general practice. Nevertheless, in those cases in which bleeding, bathing, and other remedies, have been tried without effect, this measure may be thought of ; a measure which may recommend itself to the most inert accoucheur, as it simply requires him to sit still.

To relax the womb, you may give opium by injection or otherwise, in large doses, 80 or 100 drops of the tincture, for example, or a proportionate quantity of solid opium, the remedy deserving a fair trial. Of the *atropa belladonna*, I have had little experience. It is asserted that the extract, if rubbed on the upper part of the vagina, will relax the os uteri : but, till further observation, I cannot pledge myself to the truth of this opinion. A scruple I myself once applied to the mouth of the uterus in a case of dysmenorrhœa, no ill consequences ensuing. Beware of an overdose.

Such, then, are the different expedients to which you may have recourse, in order to relax the uterus before you attempt the introduction of the hand :—the *belladonna* ; the larger doses of opium ; the weariness of the uterus ; the abstraction of large quantities of blood from the arm ; the warm bath ; and, most effectual of all, though most unsafe, the tobacco clyster.

Not to bewilder you, however, with a multiplicity of remedies, it may be well to remark, that of these remedies there are two on which I rely, in my own practice, and these two are the abstraction of blood, and the administration of opium. Twenty or thirty ounces of blood I usually abstract from

the arm, giving, too, 80 or 100 drops of the tincture of opium ; and if that quantity do not produce the desired effect, I repeat smaller doses of twenty or thirty drops, administering these until some indication of its effect become apparent,—intoxication, drowsiness, or a diminution of the uterine efforts and pains.

The woman then prepared in this manner, you proceed to the manual part of the operation, of great nicety, requiring a mixture of tenderness, firmness, and no small share of ambidexterity. The passage of the os uteri will be the first difficulty with which you have to contend ; the hand being opposed by the contraction of the womb, about the presentation, and it may be that you operate for fifteen or twenty minutes before you make a safe transition into the uterine cavity : for this be prepared. Beware of impatience and violence. Beware of lacerations. Have mercy upon the patient. Remember, that a thrust of the hand here is as fatal as a thrust of the bayonet. Wounds more dreadful were not inflicted on the bloody field of Waterloo. Wombs and women are not to be taken by assault. When the hand is carried through the os uteri, you may find it necessary to repress a little the presenting part, —to push the fœtus back hastily and extensively is fatal ; you must not even think of it ; you will tear the vagina, lacerate the uterus—do both perhaps—how easily too—but can you afterwards repair them ? To repress the presentation, however, a little, an inch, for example, so as to allow the fingers to pass, may be allowable, because necessary. Even this repression, however, is always

more or less dangerous, and it is best to attempt it when there is no pain. Your hand in the cavity of the uterus, you have not yet obtained your victory ; the great difficulty still remains ; I mean the access of the hand to the feet of the child, during which you have to contend with the following obstructions. When the womb is contracted about the body of the fœtus—your hand is much incommoded ; it becomes numb, cramped, partially paralytic, and unfit for service ; and under the pain which you feel, perhaps drops of perspiration make their appearance on your forehead. Well, in this condition, you feel for that part of the uterus which is the most roomy, and there depositing your hand, you repose for a few minutes, careful not to stir the fingers lest contractions of the uterus, and compressions, should again be produced.

Further. When performing the operation of turning, you have to contend with a second difficulty, —I mean those occasional contractions of the uterus which are denominated the pains ; contractions which are exceedingly apt to be produced, when you attempt to make progress towards the feet. Now if the contractions are slight, and rare, you need not interfere. In such cases, it is sufficient to lie quiet during the pains, endeavoring to steal forward afterwards, when the uterus relaxes. Should the womb, however, be angry, and the pains more frequent and violent, more opium must be administered ; twenty or thirty drops every quarter of an hour, until its further operation become obvious, or till the uterine irritation be subdued.

In these turning cases, you will

sometimes meet with a third obstruction, consisting in a *circular contraction* of the middle of the womb, dividing it, as it were, into an upper and inferior chamber, part of the *fœtus* lying in both. In passing this sphincter, if you proceed with gentleness, resolutely, yet cautiously, taking time sufficient, to judge from two or three cases which have fallen under my own notice, you will generally find that the hand may, on the whole, be passed with tolerable facility and safety; but beware of force.

Thus then, yielding or encountering these difficulties which oppose your progress, stealing forward when the womb relaxes, reposing when it acts; the hand extending flat upon the *fœtus*; the knuckles never elevated needlessly as you bear forward, lest the uterus be torn by them; at length you reach its fundus. Now, at the time when the hand is in the fundus uteri, the brawn of the arm lies in the pelvis, the hand bearing forward beyond the ensiform cartilage, and the arm below resting upon the sacrum and perinæum, which you must be careful not to lacerate.

Such, then, are the principal difficulties which embarrass the operation of turning: the bulk of the arm; the circular constriction of the uterus; the occasional spasms; the general and permanent contractions of the womb; the constrictions of the *os uteri*. The rigidity of the passages I forbear to mention, for if you operate at the proper moment, it will rarely obstruct you. Through all these difficulties, perseveringly—resolutely—patiently—composedly, without violence, and successfully at last, you struggle at

length to the child's legs, and happy you are to feel them. Do not confound the arms with the feet,—an error to which you are obnoxious, when the nicer sensibilities of the hand have been impaired by compression. If both legs are seized, the child will turn more easily. If you can grasp one leg only, let this be brought down; often you may turn by one leg; but should it be necessary to draw down the other, the access to the second will be facilitated by the descent of the first. Should the seizure of the leg be impracticable, I would recommend you to lay hold of the knees, gradually working your fingers towards the feet. If you are tantalized and baulked, by coming within touch but not within grasp of the feet, so that you can feel but not seize them, you may sometimes overcome this difficulty by changing the position of the patient. The woman turning round slowly, while your hand is in the uterus, by this movement, without further trouble, the feet may be brought among your fingers; so that under this simple manœuvre, although you cannot carry the hand to the feet, you may sometimes carry the feet to the hand, and this without much difficulty. If, however, by none of these measures the feet or knees can be reached and seized, withdrawing the hand, you may pause till you have recovered your strength a little, after which the attempt may be repeated with the same hand, or you may send for another accoucheur. By one or other of these expedients, in most instances you succeed in obtaining firm hold of the *fœtal* legs; and this accomplished, you draw them slowly into the pelvis, ultimately

bringing them forth through the outlet, so as to convert the transverse presentation into the crural. In drawing down the fœtus, let the abdomen be thrown upon the back of the uterus and pelvis, as, under this situation, the shoulders and head will be most easily extricated. It is not by sudden or violent efforts, but by a steady gentle bearing, that the child should be brought down. When the transverse presentations show a disposition to enter the pelvis together with the legs, the fœtus descending doubled, you may secure the legs by the instrument now exhibited, or by tying a ribbon round one or both ancles, drawn forth for this purpose; and then, pressing the presentation upward with one hand, while you bear forth the legs with the other, you cause the fœtus, as here demonstrated, to revolve upon an imaginary axis, the original presentation passing of consequence from the mouth of the uterus, and the loins and legs descending in its place. From the demonstration here given, you may perceive that in this operation the child is not thrown back from the pelvis, so as to extend and endanger the laceration of the womb or vagina; though it revolves upon its axis, its elevation remains unchanged, or, if changed at all, it descends.

When the pelvis is narrow at the brim, space is sometimes wanting there, to give passage to the hand when grasping the feet; the mass formed by the two in conjunction being too bulky. This difficulty may be surmounted by withdrawing the hand, after having seized the feet with the crural forceps here exhibited; or, if you secure the feet, by placing two

fingers, the first and second, upon the leg above the heel, the two remaining fingers and thumb being placed in front over the instep, the bulk of the hand may sometimes be reduced to so small a compass in this manner, that the transit of the brim may be accomplished.

One other difficulty I have met with when drawing down the legs, arising from the breech, as here shown, becoming seated over the front of the pelvis, above the symphysis pubis. In these cases, let the nurse, while you are drawing, press steadily and firmly between the brim of the pelvis and the navel, urging the fœtus towards the promontory of the sacrum; and the breech becoming dislodged, the legs will afterwards descend with facility, the delivery being completed afterwards as in ordinary crural presentations.

Composure, perseverance, gentleness, patience, experience, great manual dexterity, and a thorough knowledge of the bearings of the fœtus, womb, and pelvis, are requisite in the accoucheur who manages these cases. Lacerations constitute the principal danger; *arte non vi*;—of more sudden violence beware; and take care, too, that you are not enticed by degrees to the use of too much force, wheedled onward by the delusive and dangerous, and continually successive expectations, that one ounce more pressure will bear down the obstruction. Ah! this one ounce—only one ounce more—it is this, I fear, which often kills the patient!

Impracticable turning.—But what is to be done in those cases, of rare occurrence, in which the

operation of turning cannot be effected? Why, if dangerous symptoms demand immediate delivery, embryotomy is, I imagine, the only remaining resource; but so long as no dangerous symptoms press, we may wait, with a reasonable hope that the fœtus will be expelled by spontaneous evolution. Two cases of impracticable turning I have seen, both terminating in this manner.

If spontaneous evolution be obviously begun, turning should not be attempted; if the fœtus is under six months old, the natural efforts may be trusted, and will frequently expel it; if, under your attempts to turn, you feel any fibres giving way, whether in the womb or vagina, withdraw the hand immediately. The body of the womb sometimes yields, but more frequently the back or front of the vagina near the bladder, or promontory of the sacrum. This preparation shows you, that the vagina is not much thicker than brown paper. It is much to be regretted, that we are in possession of no plain indication, enabling us to decide with precision, when our attempts to turn ought to be relinquished as dangerous. The yielding of fibres, vaginal or uterine, is a good monitory sign; but it is to be wished that we had some less dangerous indication.

II.

Some Remarks on Good's Nosology, C. III. O. IV.

By E. G. DAVIS, M.D.

THE arrangement of the *classes* in Dr. Good's Nosology, must be allowed, in many respects, to surpass any similar attempt at classification which had appeared

before its time. The several functions which contribute to the continuance of life are so evident to the senses in their most immediate effects, so distinct from one another at the same time that they form successive links in the great chain of internal action, that we cannot but admire the felicity with which his plan has been selected, while we almost wonder that its advantages should have been so long unperceived. The same excellent judgment, and philosophical discrimination, characterise for the most part his *ordinal* arrangement. The first two classes furnish each a natural binary division, with reference to the organs concerned in their respective functions; and Dr. Good has seized and illustrated these with great perspicuity. In the third class the same ground of division did not present itself. The circulating function is carried on by means of the heart, the arteries, and the veins. Between these sets of vessels there exists so close a connection, and so strong a sympathy, that no advantage could result from the separation of their diseases; and accordingly, a much better plan of arrangement is devised. The circulation is often found to be disturbed generally, without any striking local affection; still more frequently, the blood is determined to some particular organ, and derangement occurs locally, without great general disturbance; and hence we have very naturally fevers, and inflammations. Again, there is a family of diseases, distinguished by the union of these phenomena; in which there is fever, followed at a greater or less interval by cutaneous eruption; that is, by inflammation, which

although not properly local, yet is limited to one or two textures only, and is consequently perfectly distinct from fever. Hence we have a third order with the appropriate appellation of eruptive fever.

Here it might be supposed the class would terminate; but we find that Dr. Good has added a fourth order, under the general name of *cachectica*; an order intended to correspond to the cachexies of various modern authors, and which signifies "bad habit." The definition is, "morbid state of the blood or bloodvessels; alone or connected with a morbid state of other fluids, producing a diseased habit." Now it seems evident on the slightest reflection, that a part of this definition must be superfluous; for if that state of the system called "a diseased habit" were capable of being recognised by the senses, the first part is unnecessary; on the contrary, if the existence of this habit is only an inference from that morbid state of the fluids and solids which produces it, then it is useless as an ordinal characteristic. Again, a morbid state of "other fluids" than the blood seems hardly entitled to a place in a class devoted to the circulation, and ought therefore to be provided for in some other part of the system. Lastly, the morbid state of the blood or bloodvessels, which constitutes the remainder of the definition, seems scarcely susceptible of accurate application. In by far the greater number of cases, where such morbid state exists, it may be referred to inflammation as its direct cause. This applies to nearly every dyscrasis of the blood, which is discoverable in venesection.

It applies also to those derangements of the vessels to which they are subject in common with similar textures. This part of the definition, therefore, as it tends to confound the present order with those previously mentioned, seems wholly at variance with the principles of classification.

This, however, may seem a little hypercritical. The great objection to the whole definition is its want of perspicuity; and the cause of this may be found in the fact, that it is not an expression of symptoms. Compare it in this respect with the definition of the second order, and the distinction will be manifest. Heat, pain, increased secretion, are, when they exist, obvious to the senses; they cannot be mistaken. But a morbid state of the blood is not obvious to the senses, and in many of the diseases which this order is intended to include, cannot be made so. It is a matter of reasoning; of speculation; many will say, of fancy. It can only be recognised by its effects, and many of these far remote both in time and place. It may indeed serve as a loose expression of general facts, but as a rallying point round which to collect a family of diseases, seems wholly unfit to answer its design.

That there is a state of the constitution often to be recognised, which may predispose to some diseases, and protract the duration of others, must certainly be admitted; but it is by no means equally certain, that this cachectic state is in all cases referable to the circulating system exclusively; and the signs by which its existence is manifested, are so numerous, often so obscure, and

always so difficult to describe, that it is evidently desirable to avoid, if possible, making that existence the distinctive mark of a group of morbid affections.

But the reply is, that this is not possible; that there are many genera of diseases, evidently belonging to the circulating system, which are neither fevers, inflammations, nor febrile eruptions; which are distinguished by a morbid state of the system, at least for the most part, and which consequently can only be ranged in that class and that order which they here occupy.

This argument, it is evident, can only be refuted in detail; and in order to manifest its fallacy, it is necessary to show that each of the genera in question may be referred to some other part of the same system more appropriate than that which they now occupy.

It has by some nosologists been doubted, whether *plethora*, as such, ought to be considered a disease. As implying an uniform and general fulness of the vessels, it imports a want of due balance between the absorbent and the excrement system; and therefore may be referred to the sixth class. But in truth, plethora is not a disease, unless the balance of the circulation itself be disturbed, and the blood be unduly determined to some particular organ; in which case the consequence will be a greater or less degree of inflammation.

With regard to *hæmorrhage*, the second genus of this order, there is much more difficulty in assigning to it a more appropriate situation. Perhaps it will be found, however, that hæmorrhage never occurs, without some local determination on the one hand, or great

vascular debility, the result of such previous determination, on the other. In most cases, it evidently occurs as a sequel of inflammation, and may therefore be disposed of like the last.

The third genus, *marasmus*, imports, like the first, a want of due balance between the organs of supply, and the organs of waste, in consequence of which the whole body is emaciated. The diseases under this class, therefore, may be generally referred to one of three causes; either that the substances taken into the stomach are not digested; that when digested they are not assimilated to the substance of the various organs; or that, on the other hand, this substance is conveyed away with undue rapidity, and faster than the nutritive powers are capable of supplying it. This view of the subject corresponds precisely with that taken by Dr. Good; and if correct, it would seem fairly to follow from it, that the genus *marasmus* belongs principally to the sixth class, and cannot in strictness be referred to the third. The third species of this genus is open to peculiar reprehension; but as any extended remarks on it would be misplaced here, it is sufficient to include it in those which apply so obviously to the others.

The fourth genus, *melanosis*, was not included in the former editions of the Nosology, and is added to the present one principally on the authority of a single case. Its definition, if it can be so called, includes but a solitary symptom, and that the very general one of hectic fever; in a practical view, therefore, it is nearly nugatory. The peculiar secretion which is the criterion

of the disease, viz. "a black material staining the visceral or other organs," could only be recognised during life by its effects on these organs themselves, or on their functions, which effects would be known by their appropriate symptoms. Derangements arising from this cause might with great propriety form varieties in the affections of these organs; but to make the cause itself a disease, seems altogether ill-judged. In fact, until more is known of this phenomenon than seems yet to have been ascertained, its introduction in any form into medical nomenclature is entirely premature.

Struma, *Carcinus*, and *Lues*, are specific inflammations; that is, inflammations affecting for the most part particular structures, and producing a series of phenomena, different from those of other inflammations; a series, for the most part, true to itself, and uniform in its progress. That there is in these genera of diseases, morbid affection of the blood, there can be little doubt; but in two of them at least, it would appear that the primary affection is local, and that the blood becomes affected in consequence of absorption. This point however is not the most material. The symptom which is obvious in all these cases is local inflammation; and, admitting that local inflammation of the glandular system is more disposed to extend itself and to affect the mass of fluids, than that of any other, which indeed we might very naturally expect to be the case, still this does not seem to afford sufficient ground for removing them from that order, to which they appear so obviously to belong.

Elephantiasis includes three species of cutaneous diseases remarkable for occurring generally in exhausted constitutions, and for the severity of their symptoms. They must be regarded like the last as specific inflammations.

With regard to *catacausis*, the author candidly confesses that no small share of faith is requisite to believe the existence of such a disease as it includes; and if it exists, it forms such an anomaly in the history of medicine, that it almost deserves to be excluded as a monster from the society of morbid affections. However this may be, there seems something absurd in making it a genus of this or any other order, while its real nature is so little known.

Porphyra, it must be confessed, appears rather less manageable than the last; and if the order be retained, seems to present the best claim to be included under it. When idiopathic, however, it approaches so nearly to an eruptive disease, that the necessity of retaining a separate order for its accommodation must be regarded at least as very questionable.

The next genus, *exangia*, explains the introduction of the words, "or bloodvessels," which at first might have been supposed superfluous in the definition to this order. In fact *exangia* owes its connection with the order wholly to the friendly intervention of these two words. It is not a morbid state of the blood; it is not a diseased habit, nor ordinarily connected with one; it is for the most part a local disease, produced by a local injury, or in a few cases by the ossification of the arterial coats, or some other disease in those coats, which renders them peculiarly yielding;

the last cause is extremely rare.

Ulcus includes a class of diseases always the sequel of local inflammation, as are likewise three of the four species of *gangræna*. The fourth seems to be an affection of a peculiar nature, but altogether local in its character, and not corresponding to the ordinal definition under which it is arranged by our author.

Common St. July, 1828.

III.

From the London Med. Gazette.

The Management of Children from the Birth, in England and particularly in London.

(From an unpublished MS. of the celebrated Dr. WILLIAM HUNTER.)

THE navel string is not tied, at the birth, till the child has breathed or cried freely—about two inches from the navel, firmly, and with a thread, made of several laid together, that it may bind firmly without cutting.

As soon as the navel string is cut, the child is put into a receiver, viz. a flannel cloth, lined with linen; wrapped up in it, but so as to receive air freely at its mouth and nose; and given to a woman to hold on her lap, till the nurse can wash and dress it. In cold weather the flannel is put inwards, the linen in hotter seasons.

The nurse, having prepared every thing, sits down, takes the child on her knee, and washes it carefully with warm water and about one-sixth part brandy, rubbing every part with a small sponge or flannel rag. If the child be covered with any, or much of the white greasy mucus, the nurse commonly rubs such

parts with a little pomatum, axunge, or butter, to soften the filth, and make it rub off more easily with the brandy and water. Then it is very well dried with soft linen, and put into a fresh receiver, to be dressed. The head-dress is commonly first put on, from a supposition that the child is in danger of catching cold in its head, especially at the mould; but the observations of nurses have seldom been made with accuracy.

Next she rolls up the navel string in a singed or dry linen rag, turns it upwards on the belly over a little compress, which is next the skin, and puts a small compress, or folded linen cloth, over it, and binds it down, first with a strap of linen, and then with a flannel roller, which goes several times round the body. Over this she puts a short shirt, or shift, &c. &c. When completely dressed, the arms are left loose, or, at most, only pinned at the elbow to the clothes of the body, so as to prevent sucking the hand.

The first 12, 16, 20, or 24 hours, the child takes only, from time to time, two teaspoonsful of the following mixture: viz. rhubarb three grains, oil of sweet almonds two drachms, syrup of roses six drachms, diluted with water; and, when restless, a little barley-water, or very thin gruel of oatmeal and water boiled.

In that time the child has generally had two or three black stools, and often pukes up a good deal of phlegm, and then is put to the breast; sooner if it has had large evacuations, and seems by its hunting with its mouth, and crying, to be hungry; later, in proportion as it has had less evacuation, and is more quiet. When put to a

nurse's breast with a full flow of milk, it should not be allowed to suck so much as it often would ; but children at this age commonly bring up the contents of an over-charged stomach so easily, that health is in very little danger from an error of this kind.

Some are of opinion that a child should be brought into a habit of sucking only at stated times ; but we think the finest children are those who are indulged with sucking when they are in the humor, or feel the call of nature ; and surely every mother who is left to be guided by her own feelings and judgment, would follow that rule which, with a most happy effect, seems instinctive in other animals.

Many are of opinion that a child should twice a day eat a little gruel or panada, with, or without, fresh cow's milk in it : some, because they imagine milk alone too thin a food, especially at the age of some months ; but most, because they say a nurse may be taken ill, or a child, from some complaint in its mouth, may not be able to suck ; and in either of those cases it is an advantage that the child is in the habit of doing what is then absolutely necessary for its preservation. But, we know that milk is the natural food, and that children are not easily reared without it ; and therefore, where parents are inclined to have a child fed with a spoon, or boat, we recommend giving only a little at a time, as it is chiefly done to induce a habit. And in proportion as the child grows older, we give the pap, gruel, or panada thicker, and in greater quantity.

Nature has not pointed out the time or the manner of weaning a

child ; thence no wonder that the opinions of mankind should differ upon the question. We are commonly determined, by the peculiar circumstances in every case, to make that change at any time from 6 to 12 months ; and, therefore, more commonly do it about 9 months. A child of 12 or 14 months has so much sense and reflection, that weaning them is more difficult. Some mothers and nurses recommend weaning a child very gradually, by feeding more and more, and letting it suck less and less, till insensibly it sucks none at all. We think it better in general for the child, after feeding it a little more than usual for a few days, to wean it all at once. In the other way, the child at last takes stagnating milk, which is not so healthful ; and it is teased for a considerable time. But when taken from the breast at once, beginning in the morning, it may be amused in a variety of ways through the day ; and in 24 hours, very commonly, seems to have forgot that it has any particular want.

The people of England are very much divided in their opinion about animal food for a child—some giving broth from the very beginning of life, and a little chicken, &c. as soon as the child can manage it. To judge from our own observation, we should rather condemn the practice in general ; though in particular constitutions we think it advisable. We think children should be well-grown before they come to animal food, and fermented or spirituous liquors ; and if it were not for training a constitution to bear what humanity by custom must submit to, we think it might be as well to give up both, but certainly the last.

We dress children as we are directed by common sense, so as to keep them comfortably warm without sweating; carrying them frequently into the air in tolerable weather. They use no stockings till they begin to walk; then, using short coats, their legs in cold weather require stockings; but till then it is an inconvenient part of the dress, because it is difficult to keep them dry. Therefore, when they begin to be put upon their feet, we give them soft shoes without stockings while the weather is warm.

The dress of an infant should be *loose*; yet nurses find that a moderate degree only of looseness in dress is best: for if the clothes are not a little firm, they cannot with ease and security handle a child, or keep the clothes close to the body.

Many, who are fearful of mischief from pins, have banished them entirely from a child's dress, and have endeavored to contrive such forms of dress as could be kept upon the child by tying. But the most experienced nurses say, that such dresses are apt to lie loose or hollow in some parts, so that the body is not equally covered, and that a few pins are very necessary.

The child sleeps either in a cradle or small bed, the curtains drawn close in very cold weather, but commonly a little open, that fresh air may be admitted.

The child is washed every morning with cold water: at first a little warm water is mixed with it, and less and less every morning, to bring the child gradually to bear water quite cold. The head is washed with brandy and water, or with brandy alone; or if washed with water only, the

nurse commonly, after drying it with a cloth, wets and rubs it with a little brandy. The reason is a fear that the child may take cold in its head, from the hair retaining some watery moisture, which the warmth of the brandy is supposed to prevent. After being well dried, the arm-pits, groins, and parts which are apt to gall, especially in fat children, are strewed or puffed with wheat flour. Every body now knows that cerusse, or white lead, which is still more cooling and drying, is dangerous about a child, as being very poisonous. It was formerly used, as the flour is now, when the child was much chafed or excoriated.

We imagine that cleanliness is important to health; therefore fresh cloths are frequently applied; frequent examination is made to know if the child be wet, especially if it give any symptoms of being uneasy; and any part of its body which has been wet by the natural evacuations, is first made very clean, at least with the corner of a wet cloth, and then dried.

The nurse's diet is to be attended to with care; but rather that it be a cool, wholesome, common diet, than that she is to take or abstain from any particular dishes. Flatulent vegetables are especially to be avoided; and whatever happens to disagree with her constitution in common health. All her sufferings in body and mind are supposed to have some effect upon the child; and, therefore, we choose a nurse who is healthy, temperate in eating and drinking, and of good dispositions; and when she turns out otherwise, we immediately change her; observing that there is no danger in giving another milk.

In choosing a wet-nurse, besides the above-mentioned circumstances of health, temperance, and good humor, we require that there be no hereditary disorder of mind or body in her family; that she has already suckled one child, whereby she may have given a proof of her constitution, and acquired some skill and handiness in dressing and managing children at the breast; and we prefer the nurse who has not the *meneses* while she gives suck, though many good ones have;—but we observe, in many instances, that the milk is affected, and the child disordered, at such periods.

As children grow up, we give them more and more both of air and exercise; and we are partial both to the common cold bath and to sea-bathing; especially when children have any tendency to great corpulency, to inactivity, and more particularly to rickets, or to glandular complaints.

Cold bathing appears to be less in use on the Continent than in England. With foreigners, and even with many among ourselves, there are prejudices against the practice, which, in fact, are found to have little foundation but in the fears of tender parents. The great objections have been, first, its being so terrible to a child, and thereby doing great harm to its nerves, sometimes frightening it into convulsions; secondly, giving colds and coughs; thirdly, repelling constitutional and salutary eruptions. In fact, we have seen no convulsions, or any important mischief, from the fright; and it is easy to prevent terror by putting some warm water at first, and gradually less and less, so as, in a few days, to bring the child insensibly to bear cold water

without surprise; and the child is to be dipped in a playful way, and by a nurse, or parent, that it is acquainted with and fond of.

Colds and coughs are not, in fact, brought on by cold bathing, when conducted under the following regulations. First, let the water be as cold as possible; and therefore, except in very severe weather, the water should be fresh pumped every morning. Secondly, let there be but one quick emersion. Thirdly, let the child be received and covered up in a blanket, carried immediately to a fire, and dried very well all over, but especially the head, with soft, spongy, linen towels.

The third objection is removed by avoiding the cold bath occasionally, when there is any considerable eruption; especially if it be supposed to be in any sense critical. We always suspend cold bathing, likewise, when a child has any feverish symptoms, cough, purging, or any other considerable disease.

We are not fond of putting children early upon their feet, and supporting them with a back-string; but rather that they should be allowed to play, and crawl upon the carpet, and learn of themselves to get upon their feet. In this way they do not anticipate their strength; they walk with more caution and a better poise, and are less subject to get falls.

(To be continued.)

IV.

HOSPITAL REPORT.

Amputation of the Leg below the Knee.

Mr. PATRICK RYAN about ten years ago hurt his leg, and produced an ulcer on the lower back part of the limb. This has occasionally healed;

but six months since, it became bad. The ulcer extended round and upwards, so as to cover nearly half of the leg. The muscles exhibited themselves in prominent ridges, running through the ulcer. The bone was swelled and inflamed. The patient suffered great pain, had lost his appetite, and was evidently sinking.

Under these circumstances he applied to Dr. Warren at his house for advice. Mr. Ryan said that notwithstanding his great sufferings, and although he was a person of some substance, he had not thought it necessary to take the advice of any medical person for the six months during which he had suffered most; presuming he could manage his leg very well without any professional aid. Dr. W. advised him to have the limb amputated, as he saw no prospect of healing the wound; and thought the patient must soon die from exhaustion. Mr. Ryan thought he would go to the Hospital, and see what could be done for him there; and accordingly entered on the 2d day of April. After he had been there a day or two he became very impatient, and desired that his leg should be "clipt off without loss of time." On the 8th of April a consultation being held, it was agreed that the limb could by no means be saved. The patient was therefore conveyed to the operating theatre, and the operation performed as follows.

The cellular membrane of the limb being indurated, it was impossible to feel the pulsation of the artery in the ham. The tourniquet having been applied in the usual place, an assistant was directed to be ready to compress the artery in the groin, if the tourniquet should not restrain the flow of blood; and this precaution was not useless, for it was found necessary to apply the compression, as proposed, in the groin; and by this means only, the artery was effectually commanded.

The patient was drawn forwards on the table so as to project the

knee beyond the edge for the distance of some inches. On account of the thickness of the bone, Dr. Warren would have preferred cutting above the knee; but he did not consider the affection of the bone sufficiently important to insist on this. Placing his left hand at the lower edge of the patella, he slightly marked the skin two inches below the lower edge of the hand. Then taking the amputating knife, he carried it with a circular sweep round the limb, dividing the skin. Next the point of the knife was passed under the skin, to separate it from the bone, to the extent of two inches, and the skin was drawn back. The edge of the knife was then set on the muscles close to the retracted skin, and these were divided to the bone. The point of the catlin was passed between the bones; but no more than the point could be admitted, for the interosseous space was filled by the enlarged bone. A scalpel was therefore entered on each side, and the interosseous muscles divided. The retractor was carried through the interosseous space with difficulty, and the saw applied to the outer edge of the bones. Before the tibia had been wholly divided, the back of the saw struck the bone. The operator perceiving this, directed the lower end of the limb to be inclined, and thus snapped the fragile bone off, short and clear, without fragment.

The bleeding was small. The wound was not dressed immediately, but wrapped in a cloth, and the patient carried to bed. In an hour the wound was dressed with adhesive plaster.

The patient was comfortable after the operation; but in the following week, had a pleuritic attack. From this he recovered, and was well enough to leave the Hospital in about two weeks from the operation.

Remarks.

This case is presented as showing the most common method of operating below the knee at the Massachu-

setts Hospital. This is occasionally varied, however. When the limb is very thin and emaciated, a flap is made directly below the knee; and when moderately so, an oblique incision through the muscles has been found to answer well. The only peculiarities of this case were in the thickening of the bone, and the induration of the cellular membrane, which prevented the retraction of the skin. The former circumstance, the great increase of thickness in the bone, might have occasioned embarrassment; for it was found impossible to divide the interosseal muscles in the usual way with the catlin; and the operator was called on to make a careful dissection of these muscles. The induration of the cellular membrane, and consequent difficulty in drawing back the skin, is a frequent occurrence, and always renders the operation less easy and pleasant.

Amputation is so common as to be regarded one of the most easy of operations; yet, in truth, there is none more difficult to do well. By doing well, is meant doing it in such a manner as to make the patient secure of his life; to give him a good sound stump; and to cure him soon.

To attain these objects, this operation must be done with great deliberation. In this way only can the surgeon have time to see the obstacles which may present themselves and to meet them with precision. Scarcely two cases of amputation present exactly the same occurrences; and of course can be treated in the same manner. The surgeon must therefore be prepared to meet something new, and to apply the proper treatment at this instant.

Conclusion of Mr. Ryan's Case.

Some weeks after Mr. Ryan left the Hospital, he became sick. His thigh swelled and was painful; and he concluded to come to the Hospital once more. On examination, however, his case was found to be hopeless. His constitution was broken

by long confinement and the continuance of his sore before the operation. While in the Hospital, the inguinal glands swelled enormously, and the cavity of the abdomen became tumid. He lost his appetite; was advised to leave the Hospital, and a few weeks after died.

This man being naturally healthy and in the vigor of life, no doubt came to a premature end by neglecting to take seasonable advice.

Large Tumor of the Neck.

On the same day on which Mr. Ryan's operation was done, Dr. Warren removed a large tumor from the neck of a young woman seventeen years old. It was situated principally behind the sterno-mastoid muscle; between this and the trapezius, extending deeply between these muscles to the transverse processes of the spine. The trapezius was partly involved in the tumor and converted into its substance. The levator scapulæ also made part of it. The connexion of these and other muscles with the tumor, deprived the operator of those guides which usually exist. However, it was removed entire; and without any accident or delay.

The tumor was very hard, of an oval form, and about thirteen inches round. The wound healed in a great measure by the first dressing; the patient recovered in a few days, and has been well ever since.

In this operation, the posterior external jugular vein was cut off, without ill consequence. M. Dupeyren has attributed the death of a patient of his to the entrance of air into the external jugular vein, on its being divided in operation; and a distinguished surgeon of New-York has adopted the same opinion. We have seen this vessel repeatedly cut off without any ill consequence; and cannot put faith in an opinion so destitute of analogy and of positive facts to support it.

MASSACHUSETTS MEDICAL SOCIETY.

A STATUTE MEETING of the Censors of the Massachusetts Medical Society will be held at the Room of the Society in the Boston Athenæum, on Wednesday, the 30th of July inst. at 4 o'clock, P. M.

WALTER CHANNING,

Secretary of Board of Censors.

Candidates are requested to leave their credentials with the Secretary, at his house in Common-Street, at least one week before the meeting.

The reply of Dr. Robbins to Dr. Hayward will appear in the next number, and also some remarks by Dr. E. G. Davis on the subject of the controversy.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending July 11, at noon.

July 5. Josiah Cushing,	38 yrs.
6. Edward F. Chase,	9 1/2
Nathaniel Hopkins,	26
Harriet Hemmingway,	40
7. Michael Ryan,	10 mo.
Atha Thompson,	40 yrs.
John Finn,	1 w.
Henry Hill,	92 yrs.
Daniel H. Younger,	6 mo.
Ruth Howe,	60 yrs.
Sarah Ann Brown,	22
8. Sarah E. Frazier,	5 mo.
Elizabeth Hazelton,	70 yrs.
John Thomas,	80
Thomas Drew,	30
Polly Norton,	50
Mary Bennet,	28
Louisa Goddard May,	14 mo.
Gilbert Stuart,	72 yrs.
10. Ruth Ann Matthews,	33
Lawrence Drohan,	32
Michael Ryan,	32
11. Catharine O'Neal,	40

Apoplexy, 1—bowel complaint, 1—consumption, 3—convulsions, 1—cholera, 1—drowned, 1—infantile, 1—lung fever, 2—liver complaint,

1—old age, 3—suicide, 1—secondary syphilis, 1—unknown, 6. Males, 12—females, 11. Stillborn, 4. Total, 27.

ADVERTISEMENTS.

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C. W. returns his grateful acknowledgment to the Physicians, his friends and the public, for their liberal support, and hopes by strict personal attention to Physicians' Prescriptions, the compounding and delivery of Medicine, to have a continuance. April 22.

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